

## NOTICE OF INDEPENDENT REVIEW DECISION

June 27, 2002

RE: MDR Tracking #: M2-02-0671-01  
IRO Certificate #: 4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_ physician reviewer who is board certified in family practice, which is the same specialty as the treating physician. The \_\_\_ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This 51 year old male sustained an injury to his back in \_\_\_ when he was lifting trash cans. The patient was diagnosed with back strain and an MRI performed on 08/01/01 revealed mild early degenerative disk disease without herniation in addition to mild arthritic changes of the facet joints of L3-4 and L5-S1. An EMG, as described in the physician's history and physical, revealed positive findings. The patient continues to complain of back pain and pain in his legs with possible radicular type symptoms. The treating physician has recommended that the patient undergo a lumbar discogram.

### Requested Service(s)

Lumbar discogram

### Decision

It is determined that a lumbar discogram is medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

A positive EMG suggests that a possible etiology for the patient's symptoms is nerve impingement versus poly-neuropathy. A lumbar discogram is medically indicated for this patient to determine the pain generator in order to direct the patient's further treatment modalities.

This decision by the IRO is deemed to be a TWCC decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

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**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,